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CONFIRMATION NO. 5912

<b>SERIAL NUMBER</b> 10/629,123	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**

David Pickar, Chevy Chase, MD;  
 Torgny Svensson, Lidingo, SWEDEN;  
 Marie-Louise Wadenberg, Haninge, SWEDEN;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/398,718 07/29/2002  
 and claims benefit of 60/398,719 07/29/2002  
 and claims benefit of 60/398,720 07/29/2002  
 and claims benefit of 60/402,542 08/12/2002  
 and claims benefit of 60/433,781 12/17/2002  
 and claims benefit of 60/433,782 12/17/2002  
 and claims benefit of 60/433,785 12/17/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***    **\*\* SMALL ENTITY \*\***  
 10/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 76	<b>INDEPENDENT CLAIMS</b> 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature Initials				

**ADDRESS**

David Pickar  
 4915 Dorset Avenue  
 Chevy Chase, MD20815

**TITLE**

Novel antipsychotic combination therapies and compositions useful therein

<b>FILING FEE RECEIVED</b> 1653	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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